

Caroline Anderson

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar 26

Age

75

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Fether's

Mother's

Name

Maiden Name

Cause of

Primary

old age

How long sick

Ten or fifteen days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. J. H. Jones

Address

Princeton, N.J.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Robert H Ballard.

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov. 5th

Age 50.9.

Md. Farmer.

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

One

Husband

of

Gippie Hallin

~~Wife~~

Father's

Mother's

Name

David Ballard

Aiden Name

Katie Maddox

Cause of

Primary

Ulcers of rectum

How long sick

2 years

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. M. Smith

Address

Salisbury, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

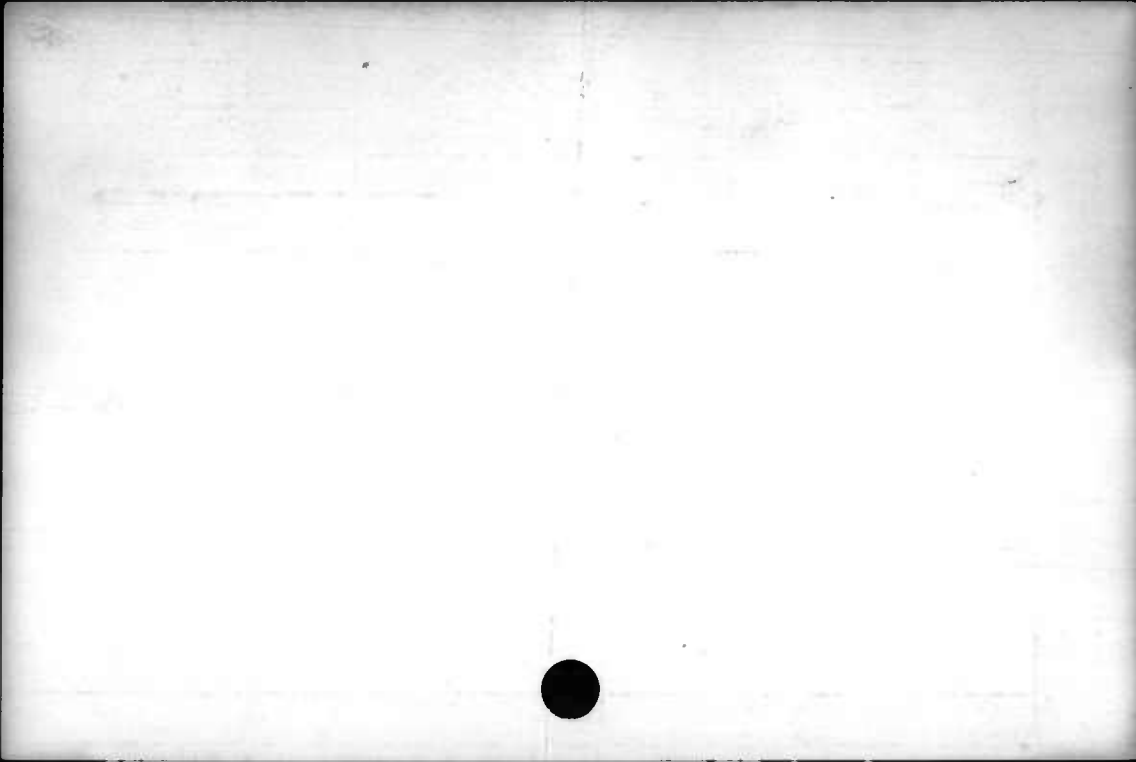
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Kingston</i>		County <i>Somerset</i>		MARYLAND	
Date of death 1902	Month <i>Nov.</i>	Day <i>19</i>	Age	Years <i>—</i>	Months <i>6</i>	Days <i>11</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Somerset Co., Ind.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>William J. Cannon</i>				Father's Birthplace <i>Somerset Co., Ind.</i>			
Mother's Maiden Name <i>Mary Lauzel</i>				Mother's Birthplace <i>Philadelphia Pa.</i>			
Name of person giving information <i>Wm J. Cannon</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro-Enteritis</i>	How long <i>105</i>	How long <i>one week</i>
Immediate <i>Exhaustion</i>		How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. R. B. Green</i>	Address <i>Marion Station, Somerset County</i>
Accident or Suicide?		



Margaret Elizabeth Cluff

Town *Rocky Hill* County *Sevier* MARYLAND

Died at *Rocky Hill Sevier*

Date 19 *02* *Nov* - *20* Age *57.2* *20* *Maryland* *Housewife*

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *5*

Husband of *George I. Cluff*

Wife of *George I. Cluff*

Father's Name *Stephen Colbourn* Mother's Maiden Name *Elizabeth Cluff*

Cause of Death { Primary *neurasthenia* Immediate *myocardial & bronchitis*

How long sick *Five years*

Accident, Suicide, Homicide ☐

Reported by *Dr. T. A. Williams & Son*

Address *Rocky Hill City, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Eben Francis Cottman

Died at ^{Town} Westover ^{County} Somerset MARYLAND

Date 1902 ^{Month} Nov ^{Day} 15 ^{Y.} 16, ^{M.} 6, ^{D.} 19 ^{Native of} Somerset ^{Occupation} Laborer

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒ Number of children living

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of _____
 Wife _____

Father's Name John Cottman Mother's Maiden Name Ellen Dennis

Cause of Death { Primary Typhoid Fever & Pneumonia
 Immediate _____

How long sick 6 Weeks

Accident, Suicide, Homicide

Reported by G. E. Dickinson M.D.

Address Upper Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant

CERTIFICATE OF DEATH

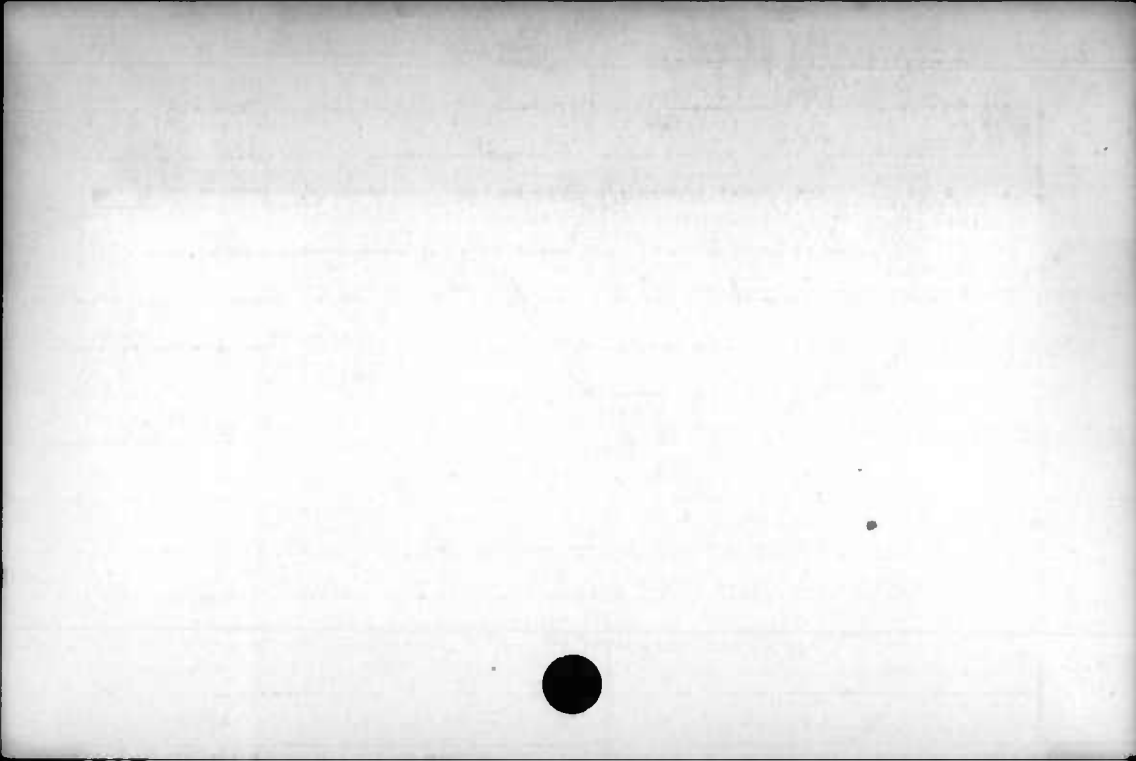
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crisfield</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death 1902	Month <i>Nov.</i>	Day <i>7</i>	Age	Months	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Crisfield</i>			
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Chas. Daugherty</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Lilly</i>			Mother's Birthplace <i>Va.</i>		
Name of person giving information <i>Chas Daugherty</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Feeble from Birth</i>	How long
Immediate <i>despair unknown</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>L. S. Lawson</i>
	<i>Crisfield, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Benjamin F. Hays

Town

Morton

County

Sonoma

Died at

MARYLAND

Date 1902 11-6 Age 54 10

Male

White

Married

~~Widow~~~~Divorced~~

Occupation

~~Female~~ColoredSingleWidower

Number of children living

6

Husband of

~~Wife~~

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70000



Name In Full

Certificate of Death

Sarah Hopkins

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1912

Nov 25

Age

75

Somerset

Housewife

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

2

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

154

How long sick

Death

Immediate

General Debility

Accident, Suicide, Homicide

Reported by

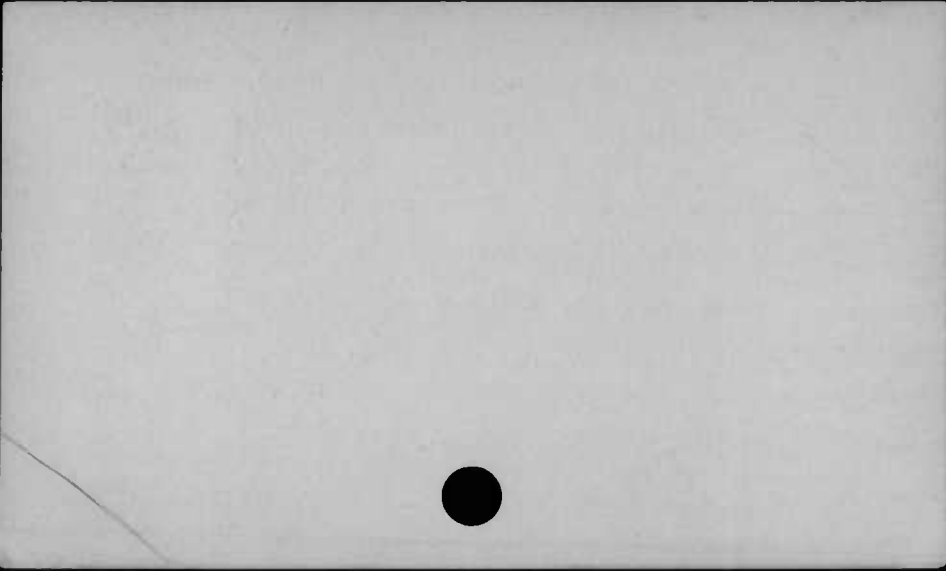
Dr. J. H. Jones

Address

Poncah, Okla.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894



Name In Full

Certificate of Death

Name In Full *Mary A. Horsey*
 Died at *New Ireland* Town *Somerset* County *MARYLAND*
 Date 19*02* *Nov. 1* Month *Nov. 1* Day *38* Y. *38* M. *38* D. *38* Native of *W.D. Housewife* Occupation
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female *Colored* ~~Single~~ *Widower* Number of children living *4*

Husband of *Edward T. Horsey*
 Wife
 Father's Name *Henry Cattman* Mother's Maiden Name *Susan Waters*
 Cause of Death { Primary *Pulmonary Phthisis* How long sick *5 years*
 { Immediate *Asphyxia* *27* ~~Accident, Suicide, Homicide~~

Reported by *W. G. Alexander M.D.*
 Address *New Ireland Somerset Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893



Name
in
Full

Hesacar Jarrel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Tullo Corner* ^{Town} *Somerset* ^{County} **MARYLAND**

Date of death 190 *2* Month *November* Day *5* Age *—* Years *—* Months *5* Days *10*

Sex *Boy* Color or Race *Black* Birth-place *Tullo Corner*

~~Married, Single or Widowed~~ Occupation *—*

~~Name of Wife or Husband~~

Father's Name *Joseph Jarrel* Father's Birthplace *Tullo Corner*

Mother's Maiden Name *Rachel E Johnson* Mother's Birthplace *" "*

Name of person giving information *Joseph Jarrel* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Croup* *9w* How long *6 days*

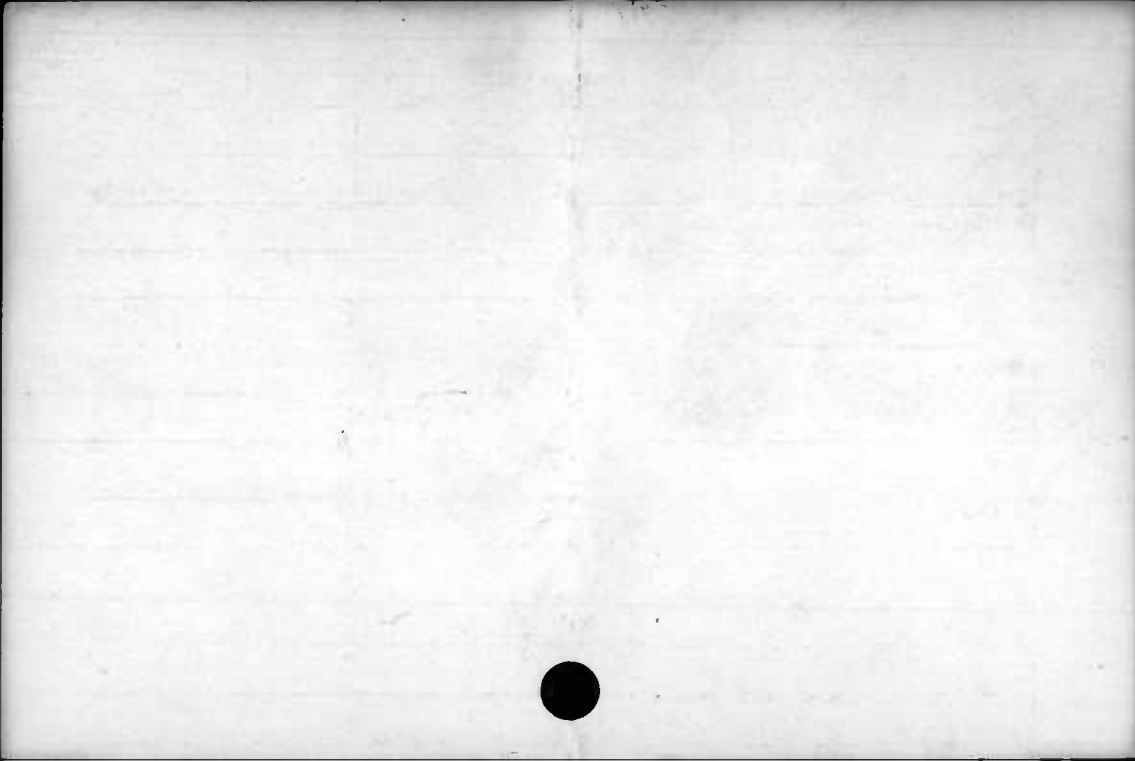
Immediate *Congestion of the Lungs* How long *1 "*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *No Physician in Charge.*

Address *Aden Davis Jr Druggist*

Marion Sta ind

Accident or Suicide?



Name in Full

Certificate of Death

Hester J. Kimberly

Town

County

Died at

Fairmount

Somerset

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 25th

Age

63, 1 14

Somerset Co

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Lazarus Kimberly

Wife

Father's

Name

Daniel Ford

Mother's

Maiden Name

Pusey Somers

Cause of

Primary

Tuberculosis

How long sick

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

G. E. Dickinson

Address

Upper Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia Sanford</i>		Town <i>Mass. P. O. Office.</i>		County <i>Samuel.</i>		MARYLAND					
Died <i>Nov. 7</i>		Month <i>Nov.</i>		Day <i>7</i>		Years <i>31</i>		Months <i>—</i>		Days <i>—</i>	
Date of death 190 <i>7</i>		Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place <i>P. O. Office.</i>					
Married, Single or Widowed <i>married</i>		Occupation <i>Housewife</i>									
Name of Wife or Husband <i>Wm. Sanford</i>											
Father's Name <i>Sam. Ballou.</i>		Father's Birthplace <i>Samuel Co.</i>									
Mother's Maiden Name <i>Chas. Ballou</i>		Mother's Birthplace <i>" "</i>									
Name of person giving information <i>Wm. Sanford</i>		How related to deceased <i>husband</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>		How long <i>27</i>	
Immediate <i>asthma</i>		How long <i>3 years</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. J. Smith</i>	
		Address <i>Pr. Office. Md.</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Louisa Muir

Town

County

Died at

Arrile

Somerset

MARYLAND

Date 19

02

Month

Day

Nov 16

Age

4

Y. M. D.

Native of

Ind

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

John Muir

Mother's

Maiden Name

Louise Jones

Cause of

Primary

Burnt to death

How long sick

3 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

R. L. Haff M.D.

Address

Arrile P.D. Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79593



Name in Full

Certificate of Death

Emory Nelson

Town

County

Died at

Mountain

Salem Co.

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

11 13

Age

3 6

Md.

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

None

Mother's

Name

Nelson

Cause of

Primary

Ascites

How long sick

3 mo.

Death

Immediate

Accident, Suicide, Homicide

Reported by

Geo. Hull

Undertaker

Address

Mountain

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

George Emory Perry

Town

County

Died at

MARYLAND

Date	1902	Month	11	Day	5	Age	27	Y.	11	M.	D.	Native of	Ind	Occupation	Sailor
Male		White		Married		Widow		Divorced							
Female		Colored		Single		Widower								Number of children living	

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Nearly 3 yrs

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Sarah Slant

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

11

9

Age

49

-

md

Housewife

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

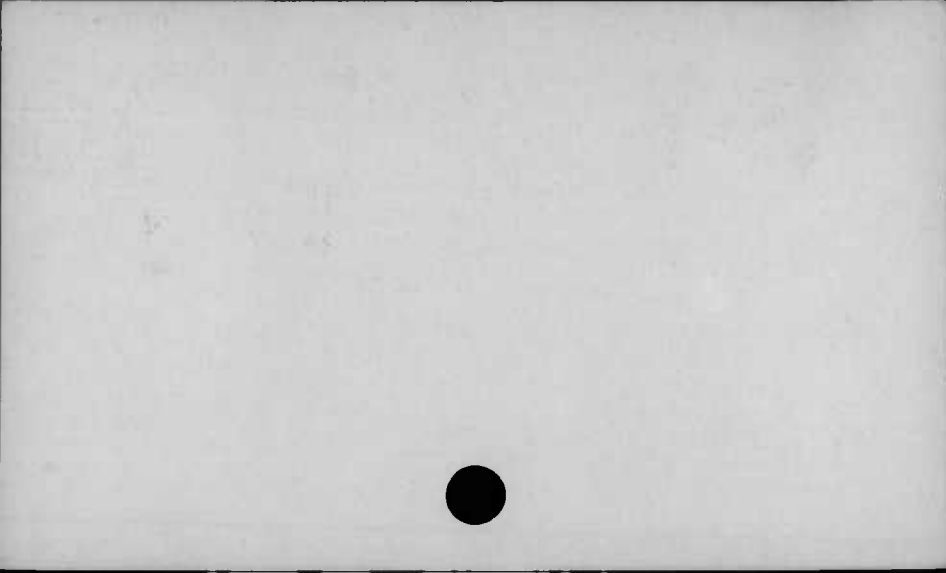
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY B-3611-7522



Name
in
Full

Sarah Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Crisfield				Somerset			
Date	Month	Day	Age	Years	Months	Days	
of death 190	2	Nov	16	53	3	10	
Sex	Female		Color or Race	White		Birth-place	Crisfield
Married, Single or Widowed	Married			Occupation			House work
Name of Wife or Husband	John S. Stevenson						
Father's Name	Eliyah Wilson				Father's Birthplace	Crisfield	
Mother's Maiden Name	Mattha Wilson				Mother's Birthplace	" "	
Name of person giving information	Alice Wilson				How related to deceased	Niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis		How long	3 yrs
Immediate	" "		How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Clarence E. Callins
			Address	Crisfield
Accident or Suicide?				



Name in Full

Certificate of Death

Algia Celeste Waters

Town

County

Died at

Fairmount

Somerset

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov.

30

Age

1

18

Male

~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Alexander Waters

Maiden Name

Aurelia Maddox

Cause of

Primary

Whooping Cough.

How long sick

2 weeks

Death

~~Immediate~~

Accident, Suicide, Homicide

Reported by

George H. Hall

Address

Fairmount Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

S. D. Winsor

CERTIFICATE OF DEATH

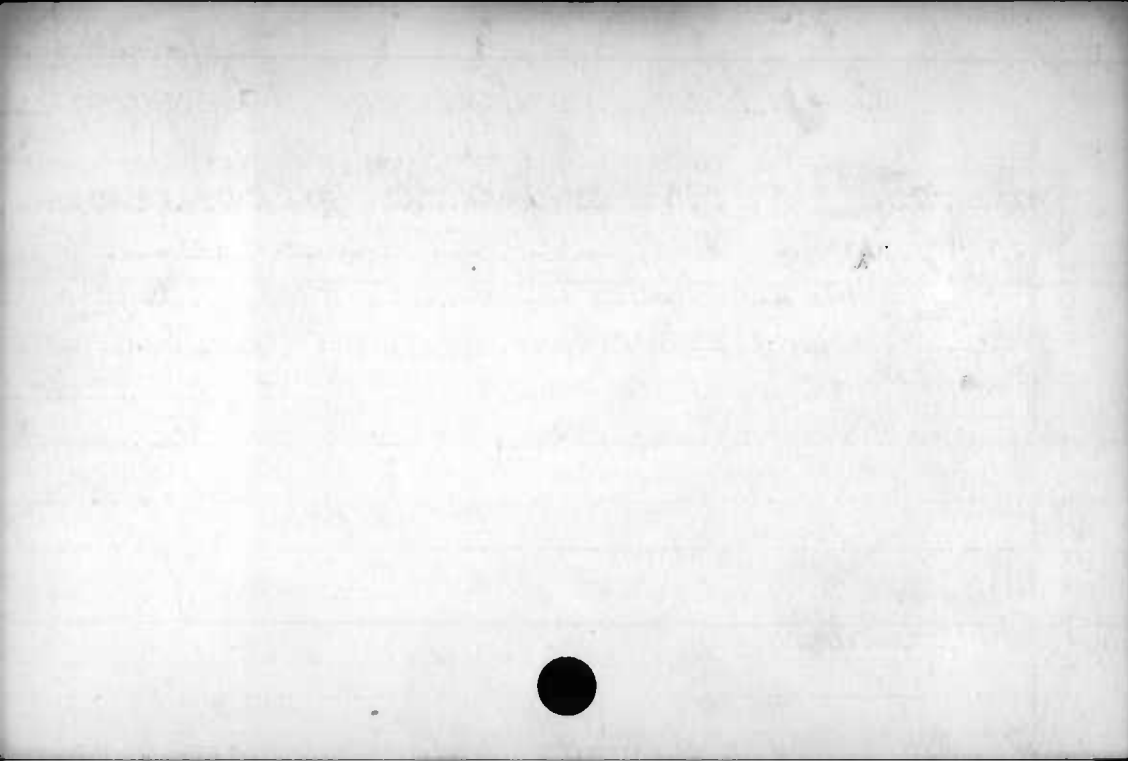
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crisfield		County Summers		MARYLAND	
Date of death 1902		Month nov	Day 6	Age 55		Years	Months Days
Sex male		Color or Race White		Birth- place Rock Creek			
Married, Single or Widowed married		Occupation Walterman					
Name of Wife or Husband Mary Lige Winsor							
Father's Name James Winsor		Father's Birthplace don't no					
Mother's Maiden Name Pettie Winsor		Mother's Birthplace don't no					
Name of person giving In formation Mary Lige Winsor		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Stomach 40	How long 6 months
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. F. Hall
		Address Crisfield Md
Accident or Suicide?		



Name in Full

Certificate of Death

Charlotte T Wooten

Town

County

Died at

Monroe

Somerset

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

nov

24

Age

64

Del

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Chronic diffuse nephritis

How long sick

6 mos

Immediate

exhaustion

~~Accident, Suicide, Homicide~~

Reported by

R. L. Stagg M.H.

Address

Orville P.O. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

